

REGISTRATION FORM

For youth registration, please provide both parent or guardian names, addresses and work phones

Parent/Guardian Name and Address		RETURN WITH PAYMENT TO: Alton Parks and Recreation Dept. P.O. Box 659, Alton, NH 03809 Make checks payable to Town of Alton (603) 875-0109, fax (603) 875-3894
Evening Phone _____	Day Phone _____	

In case of emergency please notify

Name _____ Relationship _____ Phone _____

Please indicate hospital preference _____

Please list other individuals authorized us to release you child to _____

LIST EACH PARTICIPANT'S INFORMATION					
NAME	SEX	DATE OF BIRTH	GRADE ENTERING	PROGRAM NAME	COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
___ Check here if you would like a receipt mailed to you. Please enclose a self-addressed, stamped envelope.					Total due _____
					Scholarship fund donation _____
					Total enclosed _____

WAIVER AND RELEASE OF LIABILITY

Participation in this recreation program may involve risk of injury including but not limited to sprains, strains, torn muscles, eye and head injuries. As a parent, guardian or participant I attest and verify that I am/my child is physically fit to participate in the program. In consideration for participation in the programs listed, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Alton, Alton Parks and Recreation Department, its officers, agents, employees and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the program. In addition, I give my permission for myself/my child to be treated by qualified medical personnel in the event that the parent/guardian listed cannot be reached at the phone numbers provided.

Participant Signature or Parent/Guardian if under 18

Date

MEDICAL INFORMATION

Are your child's immunizations up to date? _____

Please list allergies/limitations _____

Please list medications your child is taking _____